



SUICIDE / SELF-HARM PREVENTION

Suicide in the United States

In the United States, during the year 2002, over 30,000 people died by suicide and an additional 250,000 people were either hospitalized or treated in an emergency department for an injury as a result of self-harm.² Nationally, suicide rates increase with age, first peaking during adolescence and early adulthood.¹ More teenagers and young adults die by suicide each year than from cancer, AIDS, birth defects, and pneumonia combined.³



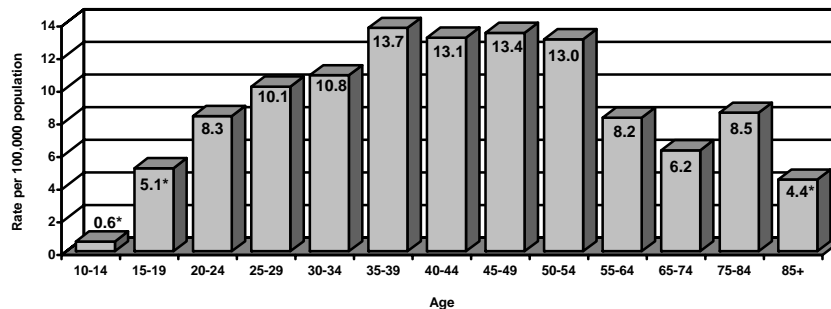
Suicide in Rhode Island

Overall, suicide is the 3rd leading cause of death (after unintentional injuries and homicide) for Rhode Islanders aged 10-24, and is THE leading cause of death for Rhode Islanders aged 25-34.¹ While national estimates show the highest suicide rates

occurring among the elderly, in Rhode Island suicide rates peak among those aged 35-54 (Figure 1). Almost four out of five (79.6%) suicides in the state occur among males, while just over 60% of hospitalizations for self-harm occur among females.^{1,4} Non-

Figure 1

Suicide Rates by Age, Rhode Island, 1999-2003



Data Source: National Center for Health Statistics, 1999-2002

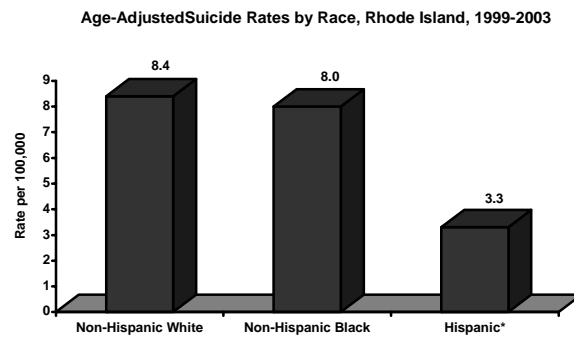
*Rates based on cases of less than 20 may be unstable.

Hispanic White Rhode Islanders have the highest suicide rates, compared to all other races (Figure 2). However, Non-Hispanic Black Rhode Islanders have a suicide rate close to that of Whites, and more than 30% higher than that of national suicide rates for Non-Hispanic Blacks.¹

Risk Factors Associated with Suicide and Self-Harm

Key risk factors associated with suicide and self-harm includes the following: Previous suicide attempt(s); History of mental disorders, particularly depression; History of alcohol and substance abuse; Family history of suicide; Family history of child

Figure 2



*Rates based on numbers of less than 20 may be unstable
Data source: Rhode Island Vital Statistics Data, 1999-2003, Center for Health Data and Analysis, Rhode Island Department of Health

maltreatment; Feelings of hopelessness; Impulsive or aggressive tendencies; Barriers to accessing mental health treatment; Loss (relational, social, work, or financial); Physical illness; Easy access to lethal methods; Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts; Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma; Local epidemics of suicide; Isolation, a feeling of being cut off from other people.² It is important to understand risk factors that, either working alone or in conjunction with one another, increase the likelihood for a suicide attempt. Public and Behavioral Health practitioners seek this knowledge, to better develop and target appropriate prevention interventions.

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1. Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited: May 2005]. Available from: www.cdc.gov/ncipc/wisqars
2. National Center for Injury Prevention and Control Fact Sheets: Suicide [cited: May 2005]. Available from: <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>
3. National Center for Injury Prevention and Control, Injury Fact Book 2001 – 2002, Available from: http://www.cdc.gov/ncipc/fact_book/26_Suicide.htm
4. Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Data, 1999-2003